

MONTANA BOARD OF CHIROPRACTORS
301 S PARK ROOM #428
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2393 / (406) 841-2305 FAX
E-MAIL dlibsdcchi@state.mt.us
WEBSITE: discoveringmontana.com/dli/chi

IMPAIRMENT EVALUATOR APPLICATION

APPLICATION FEE: \$100 CERTIFICATE FEE: \$50 TOTAL FEE \$150

PRINT OR TYPE:

NAME _____
Last First Middle Initial

MAILING ADDRESS _____
Street City Zip

E-MAIL ADDRESS _____ LICENSE # _____ SS# _____ - _____

HOW LONG HAVE YOU BEEN IN PRACTICE?
_____ Years in Montana _____ Years in State of _____

ARE YOU A DIPLOMATE OF THE AMERICAN CHIROPRACTIC BOARD OF ORTHOPEDICS?
YES _____ NO _____ If yes, please provide verification

An applicant must successfully demonstrate completion of a 36 hour (minimum) Board approved certified impairment program. Provide official transcripts or original verification of completion of programs from school or course instructor. Photocopies are unacceptable unless certified by the school.

Upon successfully completing the examination to be certified as an impairment evaluator, a certificate fee of \$75 shall be paid prior to issuance of the certificate.

I pledge myself to support the laws of the state of Montana pertaining to the practice of Chiropractic and the rules adopted by the Board of Chiropractors and to conduct myself ethically and honorably as a practitioner of chiropractic and to observe the state and federal regulations relating to impairment ratings.

I do hereby certify that the statement and answers stated above are true and correct to the best of my knowledge and belief.

Signature

Date

SIGNATURE MUST BE NOTARIZED (Use form on page 2)

State of _____

County of _____

On this _____ of _____, 20 _____, _____

personally appeared before me,

_____ who is personally known to me

_____ whose identity I proved on the basis of _____

_____ whose identity I proved on the oath/affirmation of

_____, a credible witness

to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Signature of Notarial Officer

(Name - typed, stamped, or printed)

Title (and Rank)

Residing at

My commission expires: _____